

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10420

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. *St. Anthony's Hospital*)

File No.

Registered No. 3014

Ward)

2. FULL NAME

(a) Residence. No. *3207 S. Dakota St.* Ward. *6*

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write in word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF*Emilie Bach*

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 7 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

*43**4**21*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Shoe Worker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

10. NAME OF FATHER

Geo Bach

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Catherine Bosch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

14.

INFORMANT

(Address)

*Emilie Bach
3207 S. Dakota St.*

15.

FILED

29 1927

Mar 6 Starckoff

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 28 1927

17. I HEREBY CERTIFY That I attended deceased from

*March 11 1927 to March 28 1927*that I last saw him alive on *March 28 1927* and thatdeath occurred on the date stated above, at *2:30 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Fast operative shock.**W. Co*

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

*Carcinoma of transverse**colon*

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH *450 3207 S. Dakota St.*DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *March 22 1927*WAS THERE AN AUTOPSY? *no*WHAT TEST CONFIRMED DIAGNOSIS? *pathological findings*(Signed) *G. L. T. Scott* M. D.3/28 1927 (Address) *3608 S. Grand St.*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state

(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

*New St. Marcus*DATE OF BURIAL *Mar 30 1927*ADDRESS *2331 S. Bldg*

20. UNDERTAKER

Wacker Helderle

